## San Diego KHAN MATERIAL ORDER FORM





## County of San Diego Health & Human Services Agency San Diego Kids Health Assurance Network

2 m 2 1080 1100 1100 1100 1 (00 ) 011		
Name:		
Agency:		
Address:		Mail Stop:
City:	State:	Zip Code:
Phone Number:	Fax Number:	

## Please indicate the number of materials you would like to order

SD-KHAN Item	Quantity
SD-KHAN brochure with tear off postcard	English
SD Mini volocitate with tear off posteard	Spanish
Full-Sheet Flyer in English/Spanish	
Half-Sheet Flyer in English/Spanish	
SD-KHAN Business Card in English/Spanish	
Healthy Families Enrollment Retention Brochure	English
(Maximum Order: 100/language)	Spanish
	Vietnamese

Please fax completed form to Dianne Williams @ (619) 692-8827